

**HAWTHORNE CEDAR KNOLLS UNION FREE SCHOOL DISTRICT  
PARENT AND PHYSICIAN'S AUTHORIZATION FOR ADMINISTRATION OF  
MEDICATION IN SCHOOL AND SCHOOL ACTIVITIES**

**A. To be completed by the parent or guardian:**

I request that my child \_\_\_\_\_ .DOB \_\_\_\_\_ receive the medication as prescribed below by our physician. The medication is to be furnished by me in the properly labeled original container from the pharmacy\*. I understand that the school nurse, or other designated person in the case of the absence of the school nurse, will administer the medication, including field trips (in the case of a self-directed student). Medications that require orders include prescription medications and over the counter medications such as Tylenol and Advil.

Signature (Parent or Guardian): \_\_\_\_\_

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_ Date \_\_\_\_\_

**B. To be completed by physician:**

I request that my patient, as listed below, receive the following medication during the school day:

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis: \_\_\_\_\_

| MEDICATION | DOSAGE | FREQUENCY/TIME TO BE TAKEN | ROUTE OF ADMINISTRATION |
|------------|--------|----------------------------|-------------------------|
|            |        |                            |                         |
|            |        |                            |                         |
|            |        |                            |                         |
|            |        |                            |                         |

**Duration of Treatment:** **9/01/2018 through 8/31/2019** unless otherwise specified.

Possible Side Effects and Adverse Reactions (if any): \_\_\_\_\_

\_\_\_\_\_

Physician's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**\* Prescription medication must be in original pharmacy labeled container with student name, specific directions and name of medication. Over the counter medication must be provided in an original container with the students name clearly written on the package or container**

**\* Medication and refills must be brought to school by parent, guardian or responsible adult.**

Plan reviewed with parent(s)/guardian(s): \_\_\_\_\_

*School Nurse Signature*

**HAWTHORNE cedro KNOLLS unión libre distrito escolar**

Los padres y autorización del médico para la administración de  
Medicación en la escuela y las actividades escolares

**A. Debe ser completada por el padre o tutor:**

Solicito que mi hijo \_\_\_\_\_ DOB \_\_\_\_\_ recibir la medicación según lo prescrito por nuestro médico más adelante. La medicación es ser proporcionado por mí etiquetados correctamente en el envase original de la farmacia \*. Entiendo que la enfermera de la escuela, o de otra persona designada en el caso de la ausencia de la enfermera de la escuela, administrar la medicación, incluyendo visitas de campo.

Firma (Padre o Tutor): \_\_\_\_\_

Teléfono: \_\_\_\_\_ Fecha de trabajo a domicilio \_\_\_\_\_

**B. To be completed by physician:**

I request that my patient, as listed below, receive the following medication:

Name of Student \_\_\_\_\_ DOB \_\_\_\_\_

Diagnosis: \_\_\_\_\_

| MEDICATION | DOSAGE | FREQUENCY/TIME TO BE TAKEN | ROUTE OF ADMINISTRATION |
|------------|--------|----------------------------|-------------------------|
|            |        |                            |                         |
|            |        |                            |                         |
|            |        |                            |                         |

**Duration of Treatment:** 2018/2019 School Year - 9/5/2018 through 8/31/2019

Possible Side Effects and Adverse Reactions (if any):

\_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\* Medication must be in original pharmacy labeled container with specific orders and name of medication.

\* Medication and refills must be brought to school by parent, guardian or responsible adult.

**Plan reviewed with parent(s)/guardian(s):**

Nurse Signature: \_\_\_\_\_ Date: \_\_\_\_\_